



CITY OF MUSKEGON
BUSINESS REGISTRATION APPLICATION
\$30.00 REGISTRATION FEE

Attach a Current Certificate of Occupancy and Fire Safety Audit Worksheet. If you are non-profit, please enclose a Non-Profit Status form.

PLEASE TYPE OR PRINT (FOR QUESTIONS CALL; (231) 724-6705)

COMPLETE COMPANY NAME		Check one box only: <input type="checkbox"/> Individual <input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> LLC <input type="checkbox"/> Government <input type="checkbox"/> Other (Explain)	
BUSINESS NAME (or DBA if used)			
BUSINESS CHARACTER/CATEGORY			
FEIN# or SSN#	HOURS OF OPERATION	NUMBER OF EMPLOYEES	
BUSINESS PHONE		START-UP-DATE	
MAILING ADDRESS (for renewal and correspondence) Number and Street: City, State, Zip			
PHYSICAL ADDRESS OF BUSINESS IN MUSKEGON Number and Street: City, State, Zip:			
OWNER/MANAGER		BUSINESS TITLE	
RESIDENCE ADDRESS Number and Street: City, State, Zip		HOME TELEPHONE BUSINESS TELEPHONE	
DRIVER LICENSE NUMBER			
EMERGENCY CONTACT Name: Address: Phone:			

I certify that the above information is correct to the best of my knowledge.

Signature of Applicant

Date